

**POWER OF ATTORNEY  
 and  
 CORRESPONDENCE ADDRESS  
 INDICATION FORM**

<b>Application Number</b>	10/596,747
<b>Filing Date</b>	June 22, 2006
<b>First Named Inventor</b>	KLEE, et al.
<b>Title</b>	ONE-PART SELF-ETCHING, SELF-PRIMING DENTAL ADHESIVE COMPOSITION
<b>Art Unit</b>	(n/a)
<b>Examiner Name</b>	(n/a)
<b>Attorney Docket No.</b>	08563-0186-U1

I hereby appoint:

☒ Practitioners associated with the Customer Number:

26,587

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Date

Name

Joachim E. KLEE

Telephone

+49-7531-583213

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of three forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**POWER OF ATTORNEY  
 and  
 CORRESPONDENCE ADDRESS  
 INDICATION FORM**

<b>Application Number</b>	10/596,747
<b>Filing Date</b>	June 22, 2006
<b>First Named Inventor</b>	KLEE, et al.
<b>Title</b>	ONE-PART SELF-ETCHING, SELF-PRIMING DENTAL ADHESIVE COMPOSITION
<b>Art Unit</b>	(n/a)
<b>Examiner Name</b>	(n/a)
<b>Attorney Docket No.</b>	08563-0186-U1

I hereby appoint:

☒ Practitioners associated with the Customer  
 Number:

26,587

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.


Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number

OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	ZIP	
Country			
Telephone	Fax		
I am the: <input checked="" type="checkbox"/> Applicant/Inventor. <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</i>			
<b>SIGNATURE of Applicant or Assignee of Record</b>			
Signature		Date	2006-07-14
Name	Uwe LEHMANN	Telephone	44-04531-682-220
Title and Company			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> *Total of three forms are submitted.			

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

<b>Application Number</b>	10/596,747
<b>Filing Date</b>	June 22, 2006
<b>First Named Inventor</b>	KLEE, et al.
<b>Title</b>	ONE-PART SELF-ETCHING, SELF-PRIMING DENTAL ADHESIVE COMPOSITION
<b>Art Unit</b>	(n/a)
<b>Examiner Name</b>	(n/a)
<b>Attorney Docket No.</b>	08563-0186-U1

I hereby appoint:

- ☒ Practitioners associated with the Customer  
Number:

26,587

OR

- ☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

- ☒ The address associated with the above-mentioned Customer Number

OR

- ☐ The address associated with Customer Number:

OR

☐ Firm or  
Individual Name

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

- ☒ Applicant/Inventor.  
☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Date

Name

Uwe WALZ

Telephone

49-07531-583-221

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

- ☒ \*Total of three forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.